

EXHIBIT B

**INMATE/PAROLEE
APPEAL FORM**
CDC 602 (12/87)

Location: Institution/Parole Region

Log No.

Category

1.

1. PPSP

1.

1. 005-02880

9/7

2.

2.

Request NO slip material in SHU

You may appeal any policy, action or decision which has a significant adverse affect upon you. With the exception of Serious CDC 115s, classification committee actions, and classification and staff representative decisions, you must first informally seek relief through discussion with the appropriate staff member, who will sign your form and state what action was taken. If you are not then satisfied, you may send your appeal with all the supporting documents and not more than one additional page of comments to the Appeals Coordinator within 15 days of the action taken. No reprisals will be taken for using the appeals procedure responsibly.

NAME	NUMBER	ASSIGNMENT	UNIT/ROOM NUMBER
Manuel Hill	#E45048		C-12-12C

A. Describe Problem: On August 26, 2005, I slipped entering the bottom shower and injured my back severely, and I'm still in much pain. On 8-29-05 I filed a letter asking why there are no slip-prevention measures in SHU showers but they are in General Population Showers. On 10-5-05 or 10-6-05 I followed CCI Bradbury's instructions and sent a GA-22 to plant Ops asking why. A month later, I haven't gotten an answer. Plant Ops sent (M.M. Hill) Mr. Gastineau to roughen the floor in front of the shower, but I slipped ("in") the shower.

If you need more space, attach one additional sheet.

B. Action Requested: Put non-slip material, like in General Population Showers, into SHU Showers to prevent future accidents like mine.

Inmate/Parolee Signature: Manuel Hill Date Submitted: 11-7-05

C. INFORMAL LEVEL (Date Received: 11/7/05)

Staff Response: DENIED; not because the material is not necessary, but because this is an issue that must be dealt with by Plant Operations. It is not a custody issue despite the fact that I am responsible for running the shower program.

Staff Signature: McGee - Control, 40, C-12 Control Date Returned to Inmate: 11/7/05

D. FORMAL LEVEL

If you are dissatisfied, explain below, attach supporting documents (Completed CDC 115, Investigator's Report, Classification chrono, CDC 128, etc.) and submit to the Institution/Parole Region Appeals Coordinator for processing within 15 days of receipt of response.

This is a safety and welfare issue. My accident showed that inmates can be severely injured in SHU showers. Preventive measures like what's in General Population Showers could prevent it from happening again.

Signature: Manuel Hill Date Submitted: 11-7-05

Note: Property/Funds appeals must be accompanied by a completed Board of Control form BOM-2, Inmate Claim

CDC Appeal Number:

Staff Signature: _____

Title: _____

Date Completed: _____

Division Head Approved: _____

Title: _____

Returned _____

Signature: _____

Date to Inmate: _____

F. If dissatisfied, explain reasons for requesting a Second-Level Review, and submit to Institution or Parole Region Appeals Coordinator within 15 days of receipt of response.

Signature: _____

Date Submitted: _____

Second Level ☐ Granted ☐ P. Granted ☐ Denied ☐ Other _____

G. REVIEWER'S ACTION (Complete within 10 working days): Date assigned: _____

Due Date: _____

☐ See Attached Letter

Signature: _____

Date Completed: _____

Warden/Superintendent Signature: _____

Date Returned to Inmate: _____

H. If dissatisfied, add data or reasons for requesting a Director's Level Review, and submit by mail to the third level within 15 days of receipt of response.

Signature: _____

Date Submitted: _____

For the Director's Review, submit all documents to: Director of Corrections
P.O. Box 942883
Sacramento, CA 94283-0001
Attn: Chief, Inmate Appeals

DIRECTOR'S ACTION: ☐ Granted ☐ P. Granted ☐ Denied ☐ Other _____

☐ See Attached Letter

Date: _____

State of California

Department of Corrections
CDC Form 695

INMATE/PAROLEE DISCIPLINARY APPEALS SCREENING FORM

Name

PBSP Log #

Number

Housing

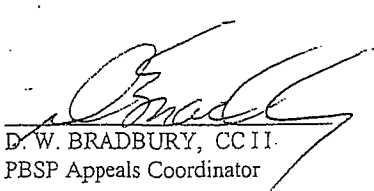
YOUR APPEAL IS BEING REJECTED/CANCELED AND RETURNED FOR THE FOLLOWING:

Screening Appeals Rejection Criteria

- ☐ 1. The resolution is not within CDC's jurisdiction, CCR 3084.2 (e) and 3084.3 (c) (1).
- ☐ 2. The appeal duplicates the appellant's previous appeal, CCR 3084.3 (c) (2).
- ☐ (a) Your appeal has been screened out on _____ for _____
- ☐ (b) Your appeal is being reviewed at the _____ Level, Log # _____
- ☐ (c) Your appeal has been completed at the _____ Level, Log # _____
- ☐ 3. The appeal concerns an anticipated action or decision, CCR 3084.3 (c) (3).
- ☐ 6. The appeal exceeds the 15 working days time limit, and the inmate has failed to offer a credible explanation as to why he could/did not submit the appeal within the time limit, CCR 3084.2 (c), 3084.3 (c) (6), and 3084.6 (c) (effective Nov.96).
- ☒ 8. Abuse of the appeal process/Right to Appeal (effective November 1996)
- ☐ (a) Excessive filings. Submission of more than one non-emergency appeal within a seven-calendar-day period is excessive, CCR 3084.4 (a).
- ☐ (b) Inappropriate statements. The Appeal contains false information, profanity, or obscene language, the appeal is rejected, CCR 3084.4 (b).
- ☐ (c) Excessive verbiage. Appeal cannot be understood or is obscured by pointless verbiage or voluminous, unrelated documentation, CCR 3084.4 (c).
- ☐ (1) Only allowed 1 added page, front and back, to describe the problem and action requested in sections A and B per CCR 3084.2 (a) (1).
- ☐ (2) Only support documentation, necessary to clarify appeal shall be attached to appeal, per CCR 3084.2 (a) (2).
- ☐ (d) Lack of cooperation. Appellant refused to cooperate and/or interview with the reviewer which has resulted in cancellation of the appeal per CCR 3084.4 (d).
- ☐ (1) Your appeal was screened out and returned to you with instructions:
- ☐ ☐ ☐ ☐
- ☐ (e) Failed to reasonably demonstrate the decision, action, policy, or condition, as having an adverse affect upon the inmate's welfare, per CCR 3084.1 (a).
- ☒ (f) This is a request for information. It is not an appeal. Write a note (GA-22, Request For Interview Form).
- ☐ 9. Cannot appeal on behalf of another inmate/person, CCR 3084.2 (d) and 3084.3 (c) (7).
- ☐ 10. Issue resolved at previous level of Appeal review, CCR 3084.3 (c) (8) and 3084.4 (d).

Comments:

Van NAW Send a GA-22 to plant
0928 to Request this information.


D.W. BRADBURY, CC II
PBSP Appeals Coordinator

Date

10/4/05

This screening decision may not be appealed unless you can support an argument that the above is inaccurate. In such a case, please return this form to the Appeals Office with the necessary supporting information.

PERMANENT APPEAL ATTACHMENT - DO NOT REMOVE

PBSP

C:\PSP\99\5.DOC: P.B. NO. 1, 2004: CCR 3084.2(d)

PESP

State of California

Department of Corrections
CDC Form 695

INMATE/PAROLEE APPEALS SCREENING FORM

NAME: Hill

PBSP LOG NO: _____

CDC #: E45048 CDC HOUSING: C-12-248720 OTHER LOG #: _____

YOUR APPEAL IS BEING RETURNED FOR THE FOLLOWING REASON(S):

- ☒ 4. In violation of CCR 3084.2(b), 3084.3(c)(4) & 3084.5(a)(1), you failed and must attach evidence that shows you attempted Informal resolution, prior to the appeal being assigned to the First or formal Level of Appeal review. If a staff member fails to respond after 10 working days, use the Chain of Command and submit the Appeal to that staff members Supervisor, or unit/area Supervisors.

<input type="checkbox"/> Counselor	<input type="checkbox"/> PBSP R&R	<input type="checkbox"/> Med Clinic	<input type="checkbox"/> Records
<input checked="" type="checkbox"/> Unit Officer	<input type="checkbox"/> PSU Prop.	<input type="checkbox"/> Dental Clinic	<input type="checkbox"/> I/M Assign
<input type="checkbox"/> Mail Room	<input type="checkbox"/> PBSP SHU Prop.	<input type="checkbox"/> Psych Office	<input type="checkbox"/> PBSP Trust Office
<input type="checkbox"/> Law Library	<input type="checkbox"/> Food Serv	<input type="checkbox"/> Med Records	<input type="checkbox"/> Plant Ops
<input type="checkbox"/> Work Supervisor	<input type="checkbox"/> Other _____		

- ☐ 5. You have not adequately completed the CDC Form 602, or have not attached the proper documents. Follow instructions, attach the items noted below, send what documents you have, or explain why they are not available, 3084.3(c)(5):

<input type="checkbox"/> Supporting Documents & Receipts	<input type="checkbox"/> CDC 1845 Disability Verification
<input type="checkbox"/> GA 22 Request For Interview	<input type="checkbox"/> CDC 1824 Reasonable/Accommodation
<input type="checkbox"/> CDC 115 Results With final dispo	<input type="checkbox"/> CDC 7362 Health Care Req Co-Pay
<input type="checkbox"/> CDC 115 IE/DA information/Report	<input type="checkbox"/> CDC 128-C Medical Chrono
<input type="checkbox"/> CDC 115 Supplemental Reports	<input type="checkbox"/> Cell Search Slip
<input type="checkbox"/> CDC 114-D Lockup Order	<input type="checkbox"/> Property Inventory Receipt
<input type="checkbox"/> CDC 1030 Confidential Disclosure	<input type="checkbox"/> CDC 143 Prop. Transfer Receipt
<input type="checkbox"/> Lab Results Sheet	<input type="checkbox"/> Package Inventory Slip
<input type="checkbox"/> CDC 7219 Medical Report	<input type="checkbox"/> Proof of Ownership / Value
<input type="checkbox"/> CDC 128-A _____	<input type="checkbox"/> Board of Control Release Form
<input type="checkbox"/> CDC 128-B _____	<input type="checkbox"/> Trust Statement
<input type="checkbox"/> CDC 128-G _____	<input type="checkbox"/> CDC 193 Trust Acct Wthdrwl Ord
<input type="checkbox"/> CDC 629A / 629B Assess SHU Term	<input type="checkbox"/> Legal Status Summary
<input type="checkbox"/> CDC 812 / A / B Critical / Enemy	<input type="checkbox"/> Abstract of Judgment (AOJ)
<input type="checkbox"/> CDC 839/840 Class/Reclass Score	<input type="checkbox"/> CDC 1858(PC 148.6/CCR 3391(d)) Info.Advis.
<input type="checkbox"/> CDC 958 Restoration Request	<input type="checkbox"/> Emerg. unwarranted CCR 3084.7(a)(2)(A)
<input type="checkbox"/> CDC 1819 Correspondence Denial	<input type="checkbox"/> Failed to Complete Section _____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Sign & Date Section _____
	<input type="checkbox"/> CDC Form 602 _____

- ☐ 7. The issue has been resolved, PBSP Appeal Log _____. A copy of the Second (Warden's) Level of Appeal review is attached. CCR 3084.2(g)(1)(2)(3).

- ☐ 8. Abuse of the appeal procedure: _____

Comments: REFER This appeal to your assigned unit officer for a an-

igned response

D. W. Bradbury
D. W. BRADBURY, CCI
PBSP Appeals Coordinator

Date

9/16/05

This screening action may not be appealed unless the above reason/s are inaccurate and the inmate can provide supporting arguments against the screening decision.

PERMANENT APPEAL ATTACHMENT - DO NOT REMOVE

STATE OF CALIFORNIA

DEPARTMENT OF CORRECTIONS

INMATE/PAROLEE
APPEAL FORM
CDC 602 (12/87)

Location: Institution/Parole Region

Log No.

Category 9-1

1. **PBSP**
2. _____1. _____
2. _____SLIPPER FALL
IN SHOWER

You may appeal any policy, action or decision which has a significant adverse affect upon you. With the exception of Serious CDC 115s, classification committee actions, and classification and staff representative decisions, you must first informally seek relief through discussion with the appropriate staff member, who will sign your form and state what action was taken. If you are not then satisfied, you may send your appeal with all the supporting documents and not more than one additional page of comments to the Appeals Coordinator within 15 days of the action taken. No reprisals will be taken for using the appeals procedure responsibly.

NAME	NUMBER	ASSIGNMENT	UNIT/ROOM NUMBER
Manuel Hill	E45048		C12'218

A. Describe Problem: On Friday, Aug. 26, 2005, I slipped and fell entering the bottom Shower. I injured my back severely and currently in much pain. Guards and medical personal had to come in and take me out the housing section in a stretcher. I feel that my accident could have been prevented if ~~the~~ the showers here were equipt with slip preventive measures such as the black grip mats permanently affixed to the floor in the entrance of the general population showers. Here at PBSP-SHU, there is no such measures in place to prevent these accidents.

If you need more space, attach one additional sheet.

B. Action Requested: I want to know how come there is no slip preventive measures here at PBSP-SHU. I want to know how come only general population was equipt with slip prevention measures and not the SHU?

Inmate/Parolee Signature: Manuel Hill

Date Submitted: 8-29-05

C. INFORMAL LEVEL (Date Received: 9/9-05)

Staff Response: This is a maintenance issue not custody.

Staff Signature: 9/9/05

Date Returned to Inmate: 9/9-05

D. FORMAL LEVEL

If you are dissatisfied, explain below, attach supporting documents (Completed CDC 115, Investigator's Report, Classification chrono, CDC 128, etc.) and submit to the Institution/Parole Region Appeals Coordinator for processing within 15 days of receipt of response.

Plant Ops sent out ("M.M./SHU") Crastineau to roughen the front of the lower shower. When I fell in-side the lower shower. Plant Ops has not returned my GA-22 with a response. I am dissatisfied with Plant Ops action.

Signature: Manuel Hill

Date Submitted: 11-7-05

Note: Property/Funds appeals must be accompanied by a completed

CDC Appeal Number:

Board of Control form BC-1E Inmate Claim

REVIEWER'S ACTION: Complete within 10 working days; Date assigned: _____

Interviewed by: _____

Staff Signature: _____

Title: _____

Date Completed: 12-15-07

Division Head Approved: _____

Returned _____

Signature: _____

Title: _____

Date to Inmate: _____

F. If dissatisfied, explain reasons for requesting a Second-Level Review, and submit to Institution or Parole Region Appeals Coordinator within 15 days of receipt of response.

Signature: _____

Date Submitted: _____

Second Level ☐ Granted ☐ P. Granted ☐ Denied ☐ Other _____

G. REVIEWER'S ACTION (Complete within 10 working days): Date assigned: _____

Due Date: _____

☐ See Attached Letter

Signature: _____

Date Completed: _____

Warden/Superintendent Signature: _____

Date Returned to Inmate: _____

H. If dissatisfied, add data or reasons for requesting a Director's Level Review, and submit by mail to the third level within 15 days of receipt of response.

Signature: _____

Date Submitted: _____

For the Director's Review, submit all documents to: Director of Corrections
P.O. Box 942883
Sacramento, CA 94283-0001
Attn: Chief, Inmate AppealsDIRECTOR'S ACTION: ☐ Granted ☐ P. Granted ☐ Denied ☐ Other _____☐ See Attached Letter

Date: _____

C-FILE

FIRST LEVEL SUPPLEMENTAL PAGE

RE: PELICAN BAY STATE PRISON (PBSP)
Appeal Log # PBSP-C-05-02880
First Level Reviewer's Response

INMATE: HILL, E-45048

APPEAL DECISION: PARTIALLY GRANTED.

APPEAL ISSUE:

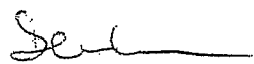
You are claiming that on August 26, 2005, you slipped entering the lower tier shower, injuring your back. On August 29, 2005, you filed an Inmate/Parolee Appeal Form, California Department of Corrections (CDC) Form 602, asking to have slip prevention measures in the Security Housing Unit (SHU) showers.

APPEAL RESPONSE:

A review of your appeal has been completed. Your appeal has received careful consideration. Correctional Sergeant M. Traylor interviewed you concerning the contents of this appeal on December 6, 2005. During the course of the interview, you stated essentially the same information as that which was provided in your written appeal on this issue.

DETERMINATION OF ISSUE:

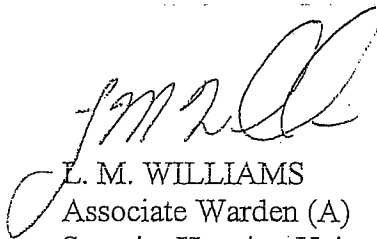
PBSP SHU showers are installed with non-slip tile according to the maintenance staff. PBSP SHU maintenance staff has informed Sergeant Traylor that the cement just outside the showers has been "roughed-up," because typically, this is where most slips have occurred in the past. Unit staff are responsible for inspections, and if the cement outside the showers needs work, Unit staff will submit a California Department of Corrections Form 1064, Work Order Request, to Plant Operations staff who are responsible for this repair. PBSP SHU maintenance staff advised Sergeant Traylor that they would repair the cement portion, if a work order was submitted. Based on the above information, your appeal is **PARTIALLY GRANTED** at the First Level of Review.



S. C. WHEELER
Facility Captain
Facility C

12-19-05

Date



L. M. WILLIAMS
Associate Warden (A)
Security Housing Unit

12-15-05

Date

PELICAN BAY STATE PRISON
SECOND LEVEL REVIEW

DATE: JAN 24 2006

C-FILE

Inmate HILL, E-45048
Pelican Bay State Prison
Facility C, Security Housing Unit
Building 12, Cell 120

RE: WARDEN'S LEVEL DECISION
APPEAL LOG NO. PBSP-C-05-02880

APPEAL: DENIED
ISSUE: LIVING CONDITION

This matter was reviewed by RICHARD J. KIRKLAND, Warden, at Pelican Bay State Prison (PBSP). Correctional Sergeant M. Traylor conducted the Appeal interview at the First Level of Appeal Review on December 6, 2005.

ISSUES

Inmate Hill is requesting that non-slip material be put into the showers to prevent future accidents.

FINDINGS

I

The inmate states that on August 26, 2005, he slipped while entering a shower in the Security Housing Unit (SHU) and injured himself. The inmate states in his original appeal dated August 29, 2005, that his accident could have been prevented had there been black grip mats permanently affixed to the floor in the entrance of the shower as they are in the General Population (GP) yards. The inmate questioned why the SHU did not have slip prevention measures like the GP yard. The inmate was dissatisfied that maintenance roughened up the floor in front of the showers to help prevent someone from slipping. The inmate stated that he slipped in the shower.

II

The inmate was dissatisfied with the First Level Response, restating that the problem is not the outside of the shower but the inside which is slippery after a few showers have been run.

DETERMINATION OF ISSUE

The inmate requests mats for entrance of the showers to prevent accidents but then at the next level alleges that he fell in the shower; therefore, a mat at the entrance of a shower would have not prevented him from slipping. The GP yards do not have black grip mats affixed to the entrance of the showers as the inmate alleges in his appeal. Mats affixed to the floor would promote mold and bacteria, causing a potential health problem.

The inmate determined his fall was due to the shower floor becoming slippery after a few showers had been run for inmates. As shower floors will always have the potential of becoming slippery regardless of being made of non-slip material, inmates need to take preventive measures to help reduce the problem.

Supplement Page 2
HILL, E-45048
Appeal # PBSP-C-05-02880

Showers promote mold and bacteria to grow and most people prefer to wear shower shoes when showering in a public showers. As with all shoes, shower shoes wear out and the bottoms will become smooth which would contribute to slipping on a wet surface; therefore, the inmate needs to assess the wear on his shower shoes to determine when they become unsafe and should be replaced.


A person slipping in a shower could be contributed to a build up of soap scum on the floor. The staff in C12 where the inmate was housed when he slipped stated that the showers are cleaned numerous times during the week. Inmates need to be observant when they get in the showers that someone before them did not drop soap or shampoo on the floor.

The California Code of Regulations (CCR), Title 15, Section 3064, states in part, "*Inmates must keep their quarters and surroundings neat, clean and sanitary.*" While the cleaning of the showers may be the responsibility of other inmates assigned to clean them all the inmates need to be respectful of the next inmate using the shower and make sure the floors are free of shampoo or soap that may cause someone to slip.

The inmate's request for non-slip material to be placed in the showers is DENIED. Materials used in the construction of the showers are non-slip and any additional materials placed on top of the floor would have the same potential to become slippery if not kept clean.

MODIFICATION ORDER

No modification of this decision or action taken is required.


RICHARD J. KIRKLAND
Warden
Pelican Bay State Prison

PLS #19 01/17/06

**INMATE/PAROLEE
APPEAL FORM**
 CDC 602 (12/87)

Location: Institution/Parole Region

Log No.

Category

 1. **PBSP** 1. **005-02880**
 2. _____ 2. _____

 Request "NO-Slip"
 material in SHU
 classification is

You may appeal any policy, action or decision which has a significant adverse affect upon you. With the exception of Serious CDC 115s, classification committee actions, and classification and staff representative decisions, you must first informally seek relief through discussion with the appropriate staff member, who will sign your form and state what action was taken. If you are not then satisfied, you may send your appeal with all the supporting documents and not more than one additional page of comments to the Appeals Coordinator within 15 days of the action taken. No reprisals will be taken for using the appeals procedure responsibly.

NAME	NUMBER	ASSIGNMENT	UNIT/ROOM NUMBER
Manuel Hill	#E45648		C12120

A. Describe Problem: On August 26, 2005, I slipped entering the bottom shower and injured my back severely, and I'm still in much pain. On 8-29-05 I filed a 602 asking why there are no slip-prevention measures in SHU showers but they are in General Population Showers. On 10-5-05 or 10-6-05 I followed CC II Bradbury's instructions and sent a 60A-22 to plant ops asking why. A month later, I haven't gotten an answer. Plant Ops sent (M.M. Hill) Mr. Gastineau to roughen the floor in front of the shower, but I slipped ("in") the shower.

If you need more space, attach one additional sheet.

B. Action Requested: Put non-slip material, like in General Population Showers, into SHU Showers to prevent future accidents like mine.

Inmate/Parolee Signature: Manuel Hill Date Submitted: 11-7-05

C. INFORMAL LEVEL (Date Received: 11/7/5)

Staff Response: DENIED; not because the material is not necessary, but because this is an issue that must be dealt with by Plant Operations. It is not a custody issue despite the fact that I am responsible for running the shower program.

Staff Signature: McL... - Control, Co, C-12 Control Date Returned to Inmate: 11/7/5

D. FORMAL LEVEL

If you are dissatisfied, explain below, attach supporting documents (Completed CDC 115, Investigator's Report, Classification chrono, CDC 128, etc.) and submit to the Institution/Parole Region Appeals Coordinator for processing within 15 days of receipt of response.

This is a safety and welfare issue. My accident showed that inmates can be severely injured in SHU showers. Preventive measures like what's in General Population Showers could prevent it from happening again.

Signature: Manuel Hill Date Submitted: 11-7-05

Note: Property/Funds appeals must be accompanied by a completed Board of Control form BC-1E, Inmate Claim

CDC Appeal Number:



First Level ☐ Granted ☐ P. Granted ☒ Denied ☐ OtherE. REVIEWER'S ACTION (Complete within 15 working days): Date assigned: 11/9/05 Due Date: 12/23/05Interviewed by: SCU M TRAVICK

Staff Signature: [Signature] Title: SCU Date Completed: 12-19-05
 Division Head Approved: [Signature] Title: CHP #20 (A) Returned: 12-19-05
 Signature: [Signature] Title: [Signature] Date to Inmate: 12-27-05

F. If dissatisfied, explain reasons for requesting a Second-Level Review, and submit to Institution or Parole Region Appeals Coordinator within 15 days of receipt of response.

This issued is not remedy, because the Problem is not the outside of the Shower. Instead it is going on the inside of the SHU-Shower where it becomes very slippery after a few showers has been ran for inmates!

Signature: Manuel Zello Date Submitted: 12-28-05Second Level ☐ Granted ☐ P. Granted ☒ Denied ☐ OtherG. REVIEWER'S ACTION (Complete within 10 working days): Date assigned: 12-29-05 Due Date: 1-30-06☒ See Attached Letter

Signature: [Signature] Date Completed: 1/17/06
 Warden/Superintendent Signature: [Signature] Date Returned to Inmate: 2-6-06

H. If dissatisfied, add data or reasons for requesting a Director's Level Review, and submit by mail to the third level within 15 days of receipt of response.

Signature: _____ Date Submitted: _____

For the Director's Review, submit all documents to: Director of Corrections
 P.O. Box 942883
 Sacramento, CA 94283-0001
 Attn: Chief, Inmate Appeals

DIRECTOR'S ACTION: ☐ Granted ☐ P. Granted ☐ Denied ☐ Other
☐ See Attached Letter

Date: _____

FIRST LEVEL SUPPLEMENTAL PAGE

RE: PELICAN BAY STATE PRISON (PBSP)
Appeal Log # PBSP-C-05-02880
First Level Reviewer's Response

INMATE: HILL, E-45048

APPEAL DECISION: PARTIALLY GRANTED

APPEAL ISSUE:

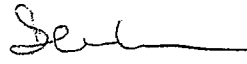
You are claiming that on August 26, 2005, you slipped entering the lower tier shower, injuring your back. On August 29, 2005, you filed an Inmate/Parolee Appeal Form, California Department of Corrections (CDC) Form 602, asking to have slip prevention measures in the Security Housing Unit (SHU) showers.

APPEAL RESPONSE:

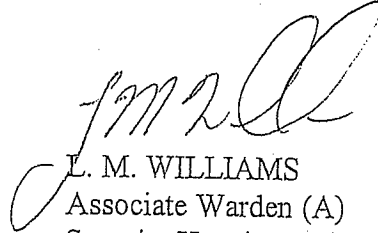
A review of your appeal has been completed. Your appeal has received careful consideration. Correctional Sergeant M. Traylor interviewed you concerning the contents of this appeal on December 6, 2005. During the course of the interview, you stated essentially the same information as that which was provided in your written appeal on this issue.

DETERMINATION OF ISSUE:

PBSP SHU showers are installed with non-slip tile according to the maintenance staff. PBSP SHU maintenance staff has informed Sergeant Traylor that the cement just outside the showers has been "roughed-up," because typically, this is where most slips have occurred in the past. Unit staff are responsible for inspections, and if the cement outside the showers needs work, Unit staff will submit a California Department of Corrections Form 1064, Work Order Request, to Plant Operations staff who are responsible for this repair. PBSP SHU maintenance staff advised Sergeant Traylor that they would repair the cement portion, if a work order was submitted. Based on the above information, your appeal is **PARTIALLY GRANTED** at the First Level of Review.


S. C. WHEELER
Facility Captain
Facility C

12-19-05
Date


L. M. WILLIAMS
Associate Warden (A)
Security Housing Unit

12-19-05
Date

STATE OF CALIFORNIA

DEPARTMENT OF CORRECTIONS

INMATE/PAROLEE
APPEAL FORM
CDC 602 (12/87)

Location: Institution/Parole Region

Log No.

Category

9-1

1. **PBSP**
2. _____1. _____
2. _____SLIPPED & Fell
IN SHOWER

You may appeal any policy, action or decision which has a significant adverse affect upon you. With the exception of Serious CDC 115s, classification committee actions, and classification and staff representative decisions, you must first informally seek relief through discussion with the appropriate staff member, who will sign your form and state what action was taken. If you are not then satisfied, you may send your appeal with all the supporting documents and not more than one additional page of comments to the Appeals Coordinator within 15 days of the action taken. No reprisals will be taken for using the appeals procedure responsibly.

NAME	NUMBER	ASSIGNMENT	UNIT/ROOM NUMBER
Manuel Hill	E45048		C12'248

A. Describe Problem: On Friday, Aug. 26, 2005, I slipped and fell entering the bottom Showers. I injured my back severely and currently in much pain. Guards and medical personal had to come in and take me out the housing section in a stretcher. I feel that my accident could have been prevented if ~~the~~ the showers here were equipt with slip preventive measures such as the black grip mats permanantl affixed to the floor in the entrance of the general population Showers. Here at PBSP-SHU, there is no such measures in place to prevent these accidents.

If you need more space, attach one additional sheet.

B. Action Requested: I want to know how come there is no slip preventive measures here at PBSP-SHU. I want to know how come only general population was equipt with slip prevention measures and not the SHU?

Inmate/Parolee Signature: Manuel Hill Date Submitted: 8-29-05

C. INFORMAL LEVEL (Date Received: 9/9-05)

Staff Response: This is a maintenance issue not custody.

Staff Signature: [Signature] Date Returned to Inmate: 9/9-05

D. FORMAL LEVEL

If you are dissatisfied, explain below, attach supporting documents (Completed CDC 115, Investigator's Report, Classification chrono, CDC 128, etc.) and submit to the Institution/Parole Region Appeals Coordinator for processing within 15 days of receipt of response.

Plant Ops sent out ("M.M./SHU") Crastineau to roughen the front of the lower shower when I fell ("in-side") the lower shower. Plant Ops has not returned my GA-22 with a response. I am dissatisfied with Plant Ops action.

Signature: [Signature] Date Submitted: 11-7-05

Note: Property/Funds appeals must be accompanied by a completed

CDC Appeal Number:

Board of Control form BC-1E, Inmate Claim

[Signature]



First Level ☐ Granted ☒ P. Granted ☐ Denied ☐ Other _____

E. REVIEWER'S ACTION (Complete within 15 working days): Date assigned: _____ Due Date: _____

Interviewed by: _____

Staff Signature: [Signature] Title: Capt Date Completed: 12-15-07

Division Head Approved: _____ Returned _____

Signature: _____ Title: _____ Date to Inmate: _____

F. If dissatisfied, explain reasons for requesting a Second-Level Review, and submit to Institution or Parole Region Appeals Coordinator within 15 days of receipt of response.

Signature: _____ Date Submitted: _____

Second Level ☐ Granted ☐ P. Granted ☐ Denied ☐ Other _____

G. REVIEWER'S ACTION (Complete within 10 working days): Date assigned: _____ Due Date: _____

☐ See Attached Letter

Signature: _____ Date Completed: _____

Warden/Superintendent Signature: _____ Date Returned to Inmate: _____

H. If dissatisfied, add data or reasons for requesting a Director's Level Review, and submit by mail to the third level within 15 days of receipt of response.

Signature: _____ Date Submitted: _____

For the Director's Review, submit all documents to: Director of Corrections
P.O. Box 942883
Sacramento, CA 94283-0001
Attn: Chief, Inmate Appeals

DIRECTOR'S ACTION: ☐ Granted ☐ P. Granted ☐ Denied ☐ Other _____

☐ See Attached Letter

Date: _____

State of California

Department of Corrections
CDC Form 695

INMATE/PAROLEE APPEALS SCREENING FORM

NAME: Hill

PBSP LOG NO: _____

CDC #: E45048CDC HOUSING: C-12-248720

OTHER LOG #: _____

YOUR APPEAL IS BEING RETURNED FOR THE FOLLOWING REASON(S):

- ☒ 4. In violation of CCR 3084.2(b), 3084.3(c)(4) & 3084.5(a)(1), you failed and must attach evidence that shows you attempted Informal resolution, prior to the appeal being assigned to the First or formal Level of Appeal review. If a staff member fails to respond after 10 working days, use the Chain of Command and submit the Appeal to that staff members Supervisor, or unit/area Supervisors.

<input checked="" type="checkbox"/> Counselor	<input type="checkbox"/> PBSP R&R	<input type="checkbox"/> Med Clinic	<input type="checkbox"/> Records
<input checked="" type="checkbox"/> Unit Officer	<input type="checkbox"/> PSU Prop.	<input type="checkbox"/> Dental Clinic	<input type="checkbox"/> I/M Assign
<input type="checkbox"/> Mail Room	<input type="checkbox"/> PBSP SHU Prop.	<input type="checkbox"/> Psych Office	<input type="checkbox"/> PBSP Trust Office
<input type="checkbox"/> Law Library	<input type="checkbox"/> Food Serv	<input type="checkbox"/> Med Records	<input type="checkbox"/> Plant Ops
<input type="checkbox"/> Work Supervisor	<input type="checkbox"/> Other _____		

- ☐ 5. You have not adequately completed the CDC Form 602, or have not attached the proper documents. Follow instructions, attach the items noted below, send what documents you have, or explain why they are not available, 3084.3(c)(5):

<input type="checkbox"/> Supporting Documents & Receipts	<input type="checkbox"/> CDC 1845 Disability Verification
<input type="checkbox"/> GA 22 Request For Interview	<input type="checkbox"/> CDC 1824 Reasonable/Accommodation
<input type="checkbox"/> CDC 115 Results With final dispo	<input type="checkbox"/> CDC 7362 Health Care Req Co-Pay
<input type="checkbox"/> CDC 115 IE/DA information/Report	<input type="checkbox"/> CDC 128-C Medical Chrono
<input type="checkbox"/> CDC 115 Supplemental Reports	<input type="checkbox"/> Cell Search Slip
<input type="checkbox"/> CDC 114-D Lockup Order	<input type="checkbox"/> Property Inventory Receipt
<input type="checkbox"/> CDC 1030 Confidential Disclosure	<input type="checkbox"/> CDC 143 Prop. Transfer Receipt
<input type="checkbox"/> Lab Results Sheet	<input type="checkbox"/> Package Inventory Slip
<input type="checkbox"/> CDC 7219 Medical Report	<input type="checkbox"/> Proof of Ownership / Value
<input type="checkbox"/> CDC 128-A _____	<input type="checkbox"/> Board of Control Release Form
<input type="checkbox"/> CDC 128-B _____	<input type="checkbox"/> Trust Statement
<input type="checkbox"/> CDC 128-G _____	<input type="checkbox"/> CDC 193 Trust Acct Wthdrwl Ord
<input type="checkbox"/> CDC 629A / 629B Assess SHU Term	<input type="checkbox"/> Legal Status Summary
<input type="checkbox"/> CDC 812 / A / B Critical / Enemy	<input type="checkbox"/> Abstract of Judgment (AOJ)
<input type="checkbox"/> CDC 839/840 Class/Reclass Score	<input type="checkbox"/> CDC 1858(PC 148.6/CCR 3391(d)) Info.Advis.
<input type="checkbox"/> CDC 958 Restoration Request	<input type="checkbox"/> Emerg. unwarranted CCR 3084.7(a)(2)(A)
<input type="checkbox"/> CDC 1819 Correspondence Denial	<input type="checkbox"/> Failed to Complete Section _____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Sign & Date Section _____
	<input type="checkbox"/> CDC Form 602 _____

- ☐ 7. The issue has been resolved, PBSP Appeal Log # _____ A copy of the Second (Harden's) Level of Appeal review is attached CCR 3084.2(g)(1)(2)(3).

- ☐ 8. Abuse of the appeal procedure: _____

Comments: REFER This appeal to your assigned unit officer for a re-

D. W. BRADBURY, CC II
PBSP Appeals Coordinator

Date

9/16/05

This screening action may not be appealed unless the above reason/s are inaccurate and the inmate can provide supporting arguments against the screening decision.

PERMANENT APPEAL ATTACHMENT - DO NOT REMOVE

State of California

Department of Corrections
CDC Form 695

INMATE/PAROLEE DISCIPLINARY APPEALS SCREENING FORM

Name HILL PBSP Log # _____
 Number E45048 Housing C12-218 1201

YOUR APPEAL IS BEING REJECTED/CANCELED AND RETURNED FOR THE FOLLOWING:

Screening Appeals Rejection Criteria

- ☐ 1. The resolution is not within CDC's jurisdiction, CCR 3084.2 (e) and 3084.3 (c) (1).
- ☐ 2. The appeal duplicates the appellant's previous appeal, CCR 3084.3 (c) (2).
☐ (a) Your appeal has been screened out on _____ for _____
☐ (b) Your appeal is being reviewed at the _____ Level, Log # _____
☐ (c) Your appeal has been completed at the _____ Level, Log # _____
- ☐ 3. The appeal concerns an anticipated action or decision, CCR 3084.3 (c) (3).
- ☐ 6. The appeal exceeds the 15 working days time limit, and the inmate has failed to offer a credible explanation as to why he could/did not submit the appeal within the time limit, CCR 3084.2 (c), 3084.3 (c) (6), and 3084.6 (c) (effective Nov.96).
- ☒ 8. Abuse of the appeal process/Right to Appeal (effective November 1996)
☐ (a) Excessive filings. Submission of more than one non-emergency appeal within a seven-calendar-day period is excessive, CCR 3084.4 (a).
☐ (b) Inappropriate statements. The Appeal contains false information, profanity, or obscene language, the appeal is rejected, CCR 3084.4 (b).
☐ (c) Excessive verbiage. Appeal cannot be understood or is obscured by pointless verbiage or voluminous, unrelated documentation, CCR 3084.4 (c).
☐ (1) Only allowed 1 added page, front and back, to describe the problem and action requested in sections A and B per CCR 3084.2 (a) (1).
☐ (2) Only support documentation, necessary to clarify appeal shall be attached to appeal, per CCR 3084.2 (a) (2).
☐ (d) Lack of cooperation. Appellant refused to cooperate and/or interview with the reviewer which has resulted in cancellation of the appeal per CCR 3084.4 (d).
☐ (1) Your appeal was screened out and returned to you with instructions:
☐ ☐ ☐ ☐
☐ (e) Failed to reasonably demonstrate the decision, action, policy, or condition, as having an adverse affect upon the inmate's welfare, per CCR 3084.1 (a).
☒ (f) This is a request for information. It is not an appeal. Write a note (GA-22, Request For Interview Form).
- ☐ 9. Cannot appeal on behalf of another inmate/person, CCR 3084.2 (d) and 3084.3 (c) (7).
- ☐ 10. Issue resolved at previous level of Appeal review, CCR 3084.3 (c) (8) and 3084.4 (d).

Comments:

Van CAN Send a GA-22 to plant
OPB to Request this information.

D. W. Bradbury, CC II
 PBSP Appeals Coordinator

Date

10/4/05

This screening decision may not be appealed unless you can support an argument that the above is inaccurate. In such a case, please return this form to the Appeals Office with the necessary supporting information.

PERMANENT APPEAL ATTACHMENT - DO NOT REMOVE